



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CITY ADMINISTRATOR
REQUEST FOR TRAINING AND TRAVEL**



I. Training and Travel Request Summary

1. Name of Traveler		SSN (Last 4 Digits)	2. Agency/Department (Including Budget Code)	
3. Position Title		4. Training or Conference Dates: From: _____ To: _____		
5. Description of Travel/Training		6. Travel Destination	7. Training, Conference or Seminar Cost	
8. Training, Conference or Seminar Event Location Address		9. Training or Conference Vendor Name and Address (as it must appear on check)		
If Travel is Sponsored (List Sponsor)		Donation Application Request No.	Sponsor's Donation Amount	

II. Transportation

10. Mode of Transportation <input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Other _____				11. Method of Payment <input type="checkbox"/> Advance <input type="checkbox"/> Travel Card <input type="checkbox"/> Other _____		
Transportation to Destination	12. Point of Departure	13. Travel Date	14. Carrier Name	15. Flight or Train IDs	16. Departure Time	17. Arrival Time
Transportation Return	18. Point of Departure	19. Travel Date	20. Carrier Name	21. Flight or Train IDs	22. Departure Time	23. Arrival Time
Special Notes						

III. Lodging

24. Hotel Name and Address	25. Hotel Phone	
	26. Lodging Dates	From: _____ To: _____
	27. Length of Stay (Nights): _____	
Special Notes		

IV. Total Cost

Item	Quantity	Unit Cost	Subtotal	Tax Rate	Total Rate	Total Cost	P-Card	Advance
Transportation (Airline, Train, etc.)								
Lodging (Government Rate)								
Per Diem								
--Per Diem (First & Last Day of Travel)								
Car Rental (Only If Approved)								
Training/Registration Fees								
Other Expenses: _____								
TOTAL								

V. Funding Attributes (Provided by Agency Budget Responsible Manager or Agency Fiscal Officer)

Agency	Year	Org Code	Fund	Index	PCA	Project/Phase	Grant/Phase	Object	Initials

VI. Traveler Signature

I have prepared this request in accordance with all applicable District of Columbia policies and procedures governing travel and training. I certify that I am traveling on official District government business. I will keep original receipts for all expenses and submit them, along with a properly completed travel reconciliation, within five business days of the authorized travel completion date. I understand that if I fail to attend this travel or training, submit a properly completed travel reconciliation by the required date or reimburse the District for any advance in excess of actual costs, the balance may be withheld from my bi-weekly pay or other District payments.

Signature	Date
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VII. Authorizations

Supervisor	Name (Printed)	Title	Signature	Date
Agency Fiscal Officer	Name (Printed)	Title	Signature	Date
Agency Director	Name (Printed)	Title	Signature	Date

